

# **SUBSTANCE ABUSE SERVICES (OUTPATIENT)**

Effective Date: 11-07-2020

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## **I. PURPOSE**

The purpose is to define and provide guidance as to what is allowable for Substance Abuse Services ( Outpatient) category of service, in accordance with HRSA/HAB standards.

## **II. DEFINITION**

Support for Substance Abuse Treatment Services (Outpatient) must be provided by or under the supervision of physicians or other qualified/licensed personnel. It may include use of funds to expand HIV-specific capacity of programs if timely access to treatment and counseling is not otherwise available.

Services limited to the following:

- Pre-treatment/recovery readiness programs
- Harm reduction
- Mental health counseling to reduce depression, anxiety and other disorders associated with substance abuse
- Outpatient drug-free treatment and counseling
- Opiate Assisted Therapy
- Neuro-psychiatric pharmaceuticals
- Relapse prevention
- Limited acupuncture services with a written referral from the client's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists
- Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable Health and Human Services (HHS) guidance, including HRSA-or HAB -specific guidance.

All service provision will comply with the Department of Health and Human Services (HHS) Guidelines and the Alabama Department of Public Health (ADPH) Service Standards for people living with HIV, including the following

## **III. PROGRAM GUIDANCE**

The service agency shall assure that after each client is determined eligible for the program, the client's need for the service must be assessed prior to the initiation of the service. The assessment must include gathering of information specific to this service including client stated need, reason for need, relevant history, client resources and access to alternative resources. Individuals who are provided treatment must have a substance

use diagnose (can be provided with documentation or assessment of a current or previous substance use diagnoses).

A written Plan of Care must be developed prior to the initiation of the service with the participation and agreement of the client or guardian. An Individual Program Plan (IPP) must be developed and documented for each client within 30 days of admission. The IPP must document treatment modality, recommended number of sessions and include recommendations for follow up.

Note: Services provided must include a treatment plan that calls only for allowable activities and includes:

- The quantity, frequency, and modality of treatment provided
- The date treatment begins and ends
- Regular monitoring and assessment of client progress
- The signature of the individual providing the service and or the supervisor as applicable

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan.

### PERFORMANCE MEASURE

Recipients are strongly encouraged to include HRSA HIV/AIDS Bureau measures and National HIV/AIDS Strategy indicators. Recipients should identify at least two performance measures for the RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than or equal to 50% of the recipients' eligible clients receive at least one unit of service. Recipients should identify at least one performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where greater than 15% and fewer than 50% of the recipients' eligible clients receive at least one unit of service. Recipients do not need to identify a performance measure for RWHAP service categories (funded by direct RWHAP funds, rebates, and/or program income) where fewer than or equal to 15% of the recipients' eligible clients receive at least one unit of service.

(HRSA/HAB Policy Clarification Notice 15-02). For *Clinical Quality Management measures* see *Appendix A: HRSA/HAB National Monitoring Standards*, and *HRSA/HAB Core Performance Measures Portfolio* and *Core Measures* links below. These sources provide supportive information for CQM program expectations for the recipient and provider subrecipients.

HRSA HAB Core Performance Measures Portfolio: <https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio>

HRSA/HAB Core Performance Measures link: <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

**APPENDIX A: HIV/AIDS BUREAU, DIVISION OF STATE  
HIV/AIDS PROGRAMS NATIONAL MONITORING STANDARDS  
FOR RYAN WHITE PART B GRANTEES: PROGRAM – PART B**

**Quality Management**

National Monitoring Standards: Implement a Clinical Quality Management Program (CQM) to include: a) written QM plan; b) quality expectations for providers and services; c) method to report and track expected outcomes; d) monitoring of provider compliance with HHS treatment guidelines and Part B Program's approved Standards of Care.

Standard	Measure
1.1) Measure and report client health outcomes using Medical Nutrition Therapy service measures approved by ADPH	<p>1.1) Performance measurement data on the following indicators:</p> <ul style="list-style-type: none"> <li>• Percentage of people living with HIV and receiving Substance Abuse Treatment (Outpatient) Services, regardless of age, who will have at least two care markers in a 6-month period of the 24-month measurement period, occurring at least 60 days apart. (Care marker defined as evidence of a HIV medical care visit date, a CD4 count and test date, a viral load value and test date, and/or an antiretroviral medication prescription and date).</li> <li>• Percentage of people enrolled in RW Part B-funded Program living with HIV and receiving Substance Abuse Treatment (Outpatient) Services, regardless of age, who will have an HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.</li> </ul>

HRSA HAB National Monitoring Standards link: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>